



KNOXVILLE POLICE DEPARTMENT LAW ENFORCEMENT TRAINING ACADEMY REGISTRATION FORM

Name: _____ Telephone: () _____
Position/Title: _____ Fax: () _____
Organization: _____ E-mail: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Person to notify in case of an emergency: _____

COURSE INFORMATION:

Course Title: _____

Course Dates: _____

Return to:

Knoxville Police Department
Law Enforcement Training Academy
P.O. Box 3610
Knoxville, TN. 37927
Telephone: (865) 215-1308
Fax: (865) 215-1313

MAKE CHECKS PAYABLE TO (IF APPLICABLE): Knoxville Police Department

